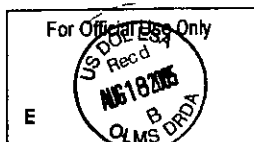


Amended  
**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

<b>1 File Number</b> U <u>2321</u>	<b>2 Fiscal Year Covered From</b> <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
<b>3 Name and address of person filing</b>  Name <u>NARCISO MARTAS</u>  P O Box Bldg Room No if any _____  Street <u>177 E Hartsdale Ave - 6J</u>  City <u>Hartsdale</u>  State <u>New York</u> ZIP Code + 4 <u>10530</u>	<b>4 Name file number and address of labor organization</b>  Name <u>Bakers Union Local #3</u>  Labor Organization File Number <u>033288</u>  P O Box Building and Room Number if any <u>2nd Floor</u>  Street <u>41-07 Crescent Street</u>  City <u>Long Island City</u>  State <u>New York</u> ZIP Code + 4 <u>11101</u>
<b>5 Position in labor organization</b> <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
<b>6 Name and address of Employer (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>7 a Nature of Interest Transaction or Income</b>  _____     <b>7 b Amount</b>  _____  _____

**Signature**

<b>15 Signature and verification</b> The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8/11/05</u> Date	<u>718-784 3476 x20</u> Telephone Number

Name of Person Filing <u>NARCISO MARTAS</u>	File Number U
---	---------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <u>Bakers Union Local 3 BCTGM</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>2nd Fl</u></p> <p>Street <u>41-07 Crescent St</u></p> <p>City <u>Long Island City</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11101</u></p>	<p><b>9 Business deals with</b></p> <p style="text-align: center;">a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u>Bakers Union Local 3 Welfare Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>41-07 Crescent Street</u></p> <p>City <u>Long Island City</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11101</u></p>	<p><b>11 a Nature of such dealing</b></p> <p><u>4 dinners sponsored by Board of Trustees of Bakers Union Local 3 Welfare Fund</u></p> <p><u>Dates 3/2/04, 4/8/04, 9/8/04, 12/14/04</u></p>
	<p><b>11 b Approximate dollar value of such dealing</b> <u>\$1402</u></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>_____</p>
	<p><b>12 b Amount</b></p> <p>_____</p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a Nature of payment</b></p> <p>_____</p>
<p><b>13 b Is the Business an Employer _____ or Consultant _____ ?</b></p>	<p><b>14 b Amount of payment</b></p> <p>_____</p>

Name of Person Filing

Narciso Martas

File Number U-

B Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Madison Financial Group

Trade Name if any

P O Box Bldg Room No if any

Street 75 South BroadwayCity White PlainsState New York ZIP Code + 4 10601

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Bakers Union Local 3 Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 41-07 Crescent StCity Hong Island CityState New York ZIP Code + 4 11101

## 11 a Nature of such dealing

Two dinners

## 11 b Approximate dollar value of such dealing

\$ 190

## 12 a Nature of interest held or income received

N/A

## 12 b Amount

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

## 14 b Amount of payment